Attorney's Docket No. 034108-008

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## METHOD AND APPARATUS FOR EXTERNAL HEART STABILIZATION

the specification of which (check only one item below):

	is attached hereto, and was amended on (if applicat	ole).
X	was filed as United States Application Number	
	on and was amended on	(if applicable).
	was filed as PCT International Application Number _	
	on and was amended on	(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose to the office all information known to me to be material to patentability as defined in title 37, Code of Federal Regulations, Sec. 1.56 (as amended effective March 16, 1992);

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION	N(S) AND ANY PRIORITY CLAIMS	UNDER 35 U.S.C. §§119(a	a)-(d), 172 or 365:
COUNTRY (if PCT, Indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 OR 365
			YES_ NO_

Combined Declaration and Power of Attorney for Utility or Design Patent Application Attorney's Docket No. <u>034108-008</u>
Page 2 of 2

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Customer Number 2 1 8 3 9

Address all correspondence to:

C

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Customer Number 2 1 8 3 9

P.O. Box 1404

Alexandria, Virginia 22313-1404

Address all telephone calls to:	David R. Heckadon		_ at (650) 622-2300.
I hereby declare that all statement information and belief are believed.	nts made herein of my own kned to be true; and further that	nowledge are true and that all states these statements were made	statements made on with the knowledge

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor	JaiShanker Raman
Signature	
Date	
Residence (City, State, Country)	Chicago, Illinois, US
Citizenship	AU
Post Office Address	5825 South Dorchester, Apt. 6E, Chicago, Illinois 60637
Full Name of Second Joint Inventor, If Any	P. Srirama Rao
Signature	25
Date	415104
Residence (City, State, Country)	San Diego, California, US
Citizenship	us
Post Office Address	12132 Oakview Way, San Diego, California 92128

□ Addition	onal inventors are	being named	t on the Suppler	nental Additional	inventor(s)	Sheet(s)	attached neret	0
------------	--------------------	-------------	------------------	-------------------	-------------	----------	----------------	---

JUL-27-04 TUE 09:19 AM BURNS DOANE SWECKER

FAX NO. 6508222499

P. 04/04

Combined Declaration and Power of Attorney for Utility or Design Patent Application Attorney's Docket No. 034108-008 Page 2 of 2

I hereby appoint the attemeys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and International applications directed therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Customer Number 2 1 8 3 9

Address all correspondence to:

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Customer Number 21839 P.O. Box 1404

et (650) G22-2300.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 16 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First inventor	JaiShanker Raman
Signature	(2 Sax A)
Date	817 12004
Residence (City, State, Country)	Chicago, Minols, US
Cilizenship	AU
Post Office Address	5825 South Dorchester, Apt. 6E, Chicago, Illinois 60637
Full Name of Second Joint Inventor, If Any	P. Shrama Rao
Signature	
Date	
Residence (City, State, Country)	San Diego, California, US
Cilizanship	us
Past Office Address	11959 Alpine Terrace, San Diego, California 92128

→ vocacoust tukeutors are pe	ig named on the Supplemental Additional inventorial Sheetfal attached bend	

(1/04)

**\*** . 4

818-878-818

Gopal Muppirela

585:80 40 TI 30H